Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ATTACHMENT A -NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES **DWI CERTIFICATES OF COMPLETION* (DMH 508R)** 2. Arrest Date: 3. Docket #: 1. NC Customer #: 4. NAME: First Middle Last Maiden 6. Out of state / Other 7. Date of Birth: Zip Code: 8. Gender: 9. Race (all that apply): 10. Ethnicity (choose 1): 11. Language Preference: 12. Marital Status (choose 1): 01 Male 01 American Indian/ Alaska Native 01☐English 01 ☐ Hispanic Puerto Rican 01 ■ Never married 02 Female 02 Asian 02 Hispanic Mexican American 02 Spanish 02 Now Married 03 Black or African American 03 OTHER 03 Divorced 03 Hispanic Cuban 04 Native Hawaiian or other Pacific Islander 04 Hispanic Other 04∏Separated 05 White 05☐Unreported 05☐Widowed 06 Unreported 06 Not Hispanic or Latino 13. Education Completed (choose 1): 14. Employment Status: 15. Health Insurance: 01 ☐ Less than 6th grade 01 Full time (working 35 hours or more per week) 01 Private Insurance 05 NC Health Choice for Children 02 ☐ Less than 9th grade 02 Part time (Working < 35 hours per week) 02 Blue Cross 06 Health Maintenance Organization(HMO) 03 ☐ Less than 12th grade 03 Unemployed (Looking for work during past 30 days) 03 Medicare 07 ☐ Other (e.g. TRICARE, CHAMPUS) 04 Completed HS/GED 04 Not in the labor force 04 Medicaid 08 None 05 ☐ Some college 06 ☐ Bachelor's Degree 07 ☐ Graduate Degree or higher 16. Arrest County: SUBSTANCE ABUSE ASSESSMENT COMPLETION 19. Legal Status: 01 Pre-trial 02 Post-trial 17. Assessment Date: 18. DWI Facility #: 21. (1) **BAC 0.** 20. Number of Prior DWI Convictions: Comments:* (2) Refusal **DWI Facility Name_** (3) Unknown \square 05 Inpatient /Residential Services 22. Service Level Recommended: 01 ☐ ADETS 02 Short-Term 03 Longer-Term 04 Day Treatment/IOP 23. DSMIV Substance Use Diagnoses: (1) (2) (3) 25. Fees Paid in Full: Yes No 24.

☐ Special Needs- Category: 26. Release of Information on File: ☐Yes ☐No 27. Name of Assessor if different from Certified Individual: (MUST be, at minimum, Substance Abuse Counselor Intern status by NCSAPPB) Cert/license #: Expiration Date: / 28. Certified Individual's Signature: (Cert. Individual's NAME Printed): ALCOHOL & DRUG EDUCATION TRAFFIC SCHOOL (ADETS) COMPLETION 29. Date Started: 30. Date Completed: // // // 31. Conviction Date: DWI Facility Name 33. ADETS Fees Paid in Full: ☐Yes ☐No 32. DWI Facility #: 34. Release of Information on File: ☐ Yes ☐ No 35. Certified ADETS Instructor Signature:_ Expiration Date: / 36. Date 508 Form Sent: // // // SUBSTANCE ABUSE TREATMENT PROGRAM COMPLETION 37. DWI Facility #: DWI Facility Name 38. Service Level Completed: 02 Short-Term 03 ☐ Longer-Term 04 Day Treatment/IOP Inpatient/Residential 03 Special 39. Date Sessions Started: 40. Conviction Date: 41. Date Completed: 1.00 44. Release of Information on File: ☐ Yes ☐ No Cert./license #: Expiration Date: ___ 45. Clinician's Signature: (Clinician's NAME Printed) 46. Date 508 Form Sent: